

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff/Petitioner

and

Affidavit of Service by Mail_____
Defendant/Respondent

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)
 (County where Affidavit signed)

I, _____, being sworn, state that I am at least
 (Name of person who mailed documents)

18 years of age having been born on _____, and that on _____

_____, _____, I served the following papers _____

_____ upon _____ by placing in
 (list all papers mailed to the other party) (Name of other party)

an envelope a true and correct copy of each document addressed to _____

_____ at _____ in the City of _____

_____, State of _____, Zip Code _____ and depositing the envelope, with
 sufficient postage, in the United States Mail at the Post Office located in the City of _____
 _____ in the State of _____.

Dated: _____

Signature (Sign only in front of notary public or court administrator.)

Name: _____

Sworn/affirmed before me this

Address: _____

_____ day of _____, _____.

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: (_____) _____